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Bib Data Sheet

CONFIRMATION NO. 5638

<b>SERIAL NUMBER</b> 09/901,467	<b>FILING DATE</b> 07/09/2001 <b>RULE</b>	<b>CLASS</b> 436	<b>GROUP ART UNIT</b> 1743	<b>ATTORNEY DOCKET NO.</b> GERLACH ET AL. - 1
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* none KO

\*\* FOREIGN APPLICATIONS \*\*\*\*\* none KO

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
\*\* 08/24/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 10	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

## ADDRESS

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## TITLE

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No. \_\_\_\_\_ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
<input type="checkbox"/> 1.18 Fees ( Issue )
<input type="checkbox"/> Other _____
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